

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091343,165
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	✓					
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TOTAL IND.	3		3			
TOTAL DEP.	7	→	17	→		
TOTAL CLAIMS	10	20				

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TOTAL IND.						
TOTAL DEP.		→		→		
TOTAL CLAIMS		20				